



In the Superior Court of the State of California  
*In and for the County of Sacramento*

FOR COURT USE ONLY

**ADOPTION QUESTIONNAIRE**  
(for a Stepparent or Domestic Partner Adoption)

CASE NAME:

CASE NUMBER:

**Instructions to Petitioner:**

In order to schedule a hearing date and begin the investigation ordered by the Court, you must complete this questionnaire and provide copies of the required documents as indicated to:

**SACRAMENTO COUNTY SUPERIOR COURT**  
3341 Power Inn Road, Family Law  
Sacramento, CA 95826

The questionnaire is important in introducing you and your situation to the investigator handling your case. Attach all additional documents as applicable to this questionnaire. The court will not file an incomplete packet or schedule a hearing date until all of the necessary forms are completed and submitted to the court.

**I. PETITIONER**

Your current name:

Driver's License No.:

Maiden name and/or any other names used:

Name & telephone number of your attorney:

( )

Your current address (Street, City, State and ZIP):

How long at this address?

Years

Months

Home Telephone: ( )

Business Telephone: ( )

If no home or business telephone, give a contact number where the investigator can reach you: ( )

**II. IDENTIFYING DATA OF PETITIONER**

Social Security Number:

Age:

Date of Birth:

Place of Birth:

Race:

Eye Color:

Hair Color:

Wgt:

Hgt:

Extent of schooling, H.S./College, etc.:

Insurance (Life, Health, Car, etc.) specify:

### III. MARITAL HISTORY OF PETITIONER

(List all marriages)

| Time   | Name of spouse (use maiden names) include present marriage | Date of Marriage | Date Separated | Date & How Terminated | Number of Children |
|--------|--|------------------|----------------|-----------------------|--------------------|
| First  |  | / /              | / /            |                       |                    |
| Second |  | / /              | / /            |                       |                    |
| Third  |  | / /              | / /            |                       |                    |

**\*\*Attach a certified copy of the current marriage license or Certificate of Registered Domestic Partnership\*\***

**\*\*If applicable, attach a certified copy of the final divorce judgment of each previous marriage\*\***

**\*\*If applicable, attach a certified copy of any orders changing your name\*\***

### IV. CHILD

(List the child INVOLVED with this Court action)

| Name | Date of Birth | Living with | Address | Name of other parent | Indian Ancestry?   |
|------|---------------|-------------|---------|----------------------|--|
|      | / /           |             |         |                      | <input type="checkbox"/> yes <input type="checkbox"/> no |

Has the child ever been involved in any other court case? Yes ☐ No ☐

If so, what county \_\_\_\_\_, case number \_\_\_\_\_.

**\*\*Attach certified copy of the birth certificate\*\***

**\*\*If applicable, attach a certified copy of the Order of Adoption, if the minor has been previously adopted\*\***

**\*\*If applicable, attach a certified copy of the most recent court order awarding custody of the child to be adopted or an Order Terminating\*\*  
Parental Rights or Order Declaring Minor Free from Parental Custody and Control**

**\*\*If applicable, attach a certified copy of any orders changing the child's name\*\***

### V. CHILDREN

(List all your other children NOT INVOLVED in the Court action)

| Name | Date of Birth | Living with | Address | Name of other parent |
|------|---------------|-------------|---------|----------------------|
|      | / /           |             |         |                      |
|      | / /           |             |         |                      |
|      | / /           |             |         |                      |
|      | / /           |             |         |                      |

Since the separation of the parents of the minor(s), whom have the child(ren) been living with? Also list dates:

### VI. HEALTH OF CHILDREN

(List each child in this case who has recently been under the care of a Doctor, or Psychiatrist, including family physician)

| Child | Doctor | Address | Date | Reason |
|-------|--------|---------|------|--------|
|       |        |         | / /  |        |
|       |        |         | / /  |        |
|       |        |         | / /  |        |
|       |        |         | / /  |        |

|   |
|---|
| Do any of the children presently have physical or mental problems? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please explain: |
|   |
| Plan of custody/visitation:   |
|   |
| Place of residence for self and children:   |
|   |

|  |                                 |                |                     |                            |
|--|---------------------------------|----------------|---------------------|----------------------------|
| Will children be placed under supervision of others? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please complete below:                       |                                 |                |                     |                            |
| <b>Name of caretaker:</b>  | <b>Relationship to children</b> | <b>Address</b> | <b>Phone Number</b> | <b>What period of time</b> |
|  |                                 |                | (    )              |                            |
|  |                                 |                | (    )              |                            |
| State the reasons why you feel the other parent should not have custody/visitation and be specific.<br>Give examples and dates (attach additional sheet, if needed). |                                 |                |                     |                            |
|  |                                 |                |                     |                            |
|  |                                 |                |                     |                            |
|  |                                 |                |                     |                            |
|  |                                 |                |                     |                            |

| <b>VII. EMPLOYMENT</b>   |                     |             |            |           |                    |
|--|---------------------|-------------|------------|-----------|--------------------|
| (Beginning with your present employment, list employment for the last 5 years)   |                     |             |            |           |                    |
| Name of Employer   | Address of Employer | Type of Job | Date Begun | Date Left | Reason for Leaving |
|  |                     |             | /   /      | /   /     |                    |
|  |                     |             | /   /      | /   /     |                    |
|  |                     |             | /   /      | /   /     |                    |
|  |                     |             | /   /      | /   /     |                    |
| Current working hours and days:  |                     |             |            |           |                    |
| MONTHLY INCOME   |                     | Gross       | Net        |           |                    |
| From employment  |                     | \$          | \$         |           |                    |
| Own business   |                     | \$          | \$         |           |                    |
| Public Assistance (AFDC or Social Security Assistance)   |                     | \$          | \$         |           |                    |
| Child support  |                     | \$          | \$         |           |                    |
| Other sources  |                     | \$          | \$         |           |                    |
| <b>TOTAL</b>   |                     | \$          | \$         |           |                    |
| Does the petitioner pay child support? Yes <input type="checkbox"/> No <input type="checkbox"/>                                  |                     |             |            |           |                    |
| If yes, is the amount in the arrears? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount in arrears \$_____ |                     |             |            |           |                    |

### VIII. MEDICAL HISTORY OF PETITIONER

(If either parent or guardian have any physical disability or have received psychiatric treatment or counseling, please complete the section below)

| Name of Doctor & Address | Name of Hospital & Address | When Treated | Nature of Illness |
|--------------------------|----------------------------|--------------|-------------------|
|                          |                            | / /          |                   |
|                          |                            | / /          |                   |
|                          |                            | / /          |                   |
|                          |                            | / /          |                   |
|                          |                            | / /          |                   |
|                          |                            | / /          |                   |

### IX. CRIMINAL RECORD OF PETITIONER

Does petitioner have a criminal record? Yes ☐ No ☐ If "Yes", please give details:

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Is petitioner on Probation or Parole? Yes ☐ No ☐

If "Yes", please give name of Probation Officer or Parole Agent: \_\_\_\_\_

Area office: (      )

Phone number: (      )

Does the petitioner have any criminal actions pending: Yes ☐ No ☐ If "Yes", please explain:

|  |
|--|
|  |
|  |
|  |
|  |
|  |

## X. NATURAL FATHER

|   |                 |                                  |
|---|-----------------|----------------------------------|
| Name of natural father:   |                 | Date of last support:            |
| Address:  |                 | Date of last contact with child: |
| Date of Birth:  | Place of Birth: | Race:                            |
| Occupation:   |                 | Employer:                        |
| Has he consented to Adoption: Yes <input type="checkbox"/> No <input type="checkbox"/>  |                 |                                  |
| Date of last contact with any other relative:        /        /   |                 |                                  |
| <b>** If applicable, attach a certified copy of the death certificate, proof of parental rights being terminated, or orders changing father's name **</b> |                 |                                  |

## MARITAL HISTORY OF NATURAL FATHER

(List all marriages)

| Time          | Name of spouse (use maiden names) include present marriage | Date of Marriage | Date Separated | Date & How Terminated | Number of Children |
|---------------|--|------------------|----------------|-----------------------|--------------------|
| <i>First</i>  |  | / /              | / /            |                       |                    |
| <i>Second</i> |  | / /              | / /            |                       |                    |
| <i>Third</i>  |  | / /              | / /            |                       |                    |

Is the child a result of a donorship? Yes ☐ No ☐ Is yes, attach proof of donorship.

## XI. NATURAL MOTHER

|  |                 |                                  |
|--|-----------------|----------------------------------|
| Name of natural mother:  |                 | Date of last support:            |
| Address:   |                 | Date of last contact with child: |
| Date of Birth:   | Place of Birth: | Race:                            |
| Occupation:  |                 | Employer:                        |
| Has she consented to Adoption: Yes <input type="checkbox"/> No <input type="checkbox"/>  |                 |                                  |
| Date of last contact with any other relative:        /        /  |                 |                                  |
| <p><b>** If applicable, attach a certified copy of the death certificate, proof of parental rights being terminated, or orders changing mother's name **</b></p> |                 |                                  |

### MARITAL HISTORY OF NATURAL MOTHER

(List all marriages)

| Time          | Name of spouse (use maiden names) include present marriage | Date of Marriage | Date Separated | Date & How Terminated | Number of Children |
|---------------|--|------------------|----------------|-----------------------|--------------------|
| <i>First</i>  |  | /    /           | /    /         |                       |                    |
| <i>Second</i> |  | /    /           | /    /         |                       |                    |
| <i>Third</i>  |  | /    /           | /    /         |                       |                    |

**Before submitting your documents to the court, confirm that you have attached all required documents to this packet**